

1st Armored Division Claims Office



09-06

HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE INSTRUCTIONS FOR FILING A CLAIM FOR LOSS/DAMAGE INCIDENTAL TO SHIPMENT (ARMY REGULATION, 27-20, CHAPTER 11)

We are sorry you sustained damage and/or loss in your recent move. The mission of the Claims Office is to assist you in filing your claim and to settle your claim fairly and without undue delay. In order for us to do this, it is important that you **read and follow these instructions carefully**. Do not allow the limitation periods to expire.

If you have any questions on completing your claim, please call the claims office at **DSN 337-4711, 4714 or 4715, CIV 0611-705-4711, 4714 or 4715**. **If you wish to submit a claim, please make an appointment or walk in on any Wednesday between 0830-1130 and 1300-1600. If you are filing a large claim (over \$1,000 or more than 10 items), please make an appointment.** Claims Inspections generally will only be performed on Thursdays!

**PLEASE HAVE ALL DOCUMENTS COMPLETELY FILLED OUT
PRIOR TO YOUR APPOINTMENT.**

There are two different time limitations which affect your claim:

1. Within **70 calendar days** from the date of delivery you **must** give written notice of **all** damaged and missing items by completing the pink **DD Form 1840/1840R**. This allows us to comply with our contractual requirements and inform the carrier of damaged items and request tracer action for missing items. If you do not notify us we must deduct the amount of money we could have recovered from the carrier from your payment under most circumstances.

NOTE: Additional loss or damage found after you turned in your DD Form 1840R (Pink Form) **must** be reported to the Claims Office by submitting your copy of the DD Form 1840/1840R and your pick-up inventory to the Claims Office within the required reporting period of **70 calendar days** from the date of delivery.

NOTE: THIS NOTICE OF DAMAGE OR LOSS IS NOT A CLAIM AGAINST THE GOVERNMENT.

2. Within **two years** of the date you received your goods, you **must** file your claim in writing (preferably by submitting DD Form 1842). This two year requirement is established by law - **IT CANNOT BE WAIVED!**

Who may present a claim?

A claim may be presented and signed (completed in ink or typed) by the **owner of the property shipped incident to his/her military service or employment (i.e., active Army, civilian employee of the DA or DOD)** or in his/her name by duly authorized agent or legal representative, who must present a valid **Power of Attorney** or written authorization.

Private Insurance?

If your loss or damage is covered by private insurance, you **DO NOT HAVE TO FILE** with your private insurance company (see attached information paper on private insurance). You **must** still note on DD Form 1842 whether or not you have private insurance. If you elect not to file with your private insurance company you **must add at block 10, DD Form 1842 “I elect not to file with private insurance”**. Generally you do not have the right to file against your insurer **after** filing a claim against the Army under the Personnel Claims Act. If you elect to file with your private insurance company you must file and settle with your insurance company **before** filing a claim against the U.S. Government.

Do not dispose of any damaged/destroyed property and do not have the repairs performed.

The Claims Office, the Transportation Office (Quality Control), and the carrier may need to inspect the damage. The carrier has a right to inspect the damage within 60 days from the date of delivery or within 60 days of the date damage was reported to the Claims Office on DD Form 1840R (pink form). The Claims Office or Transportation Office may need to inspect the damaged items at any time before your claim is settled.

If the depreciated value of a damaged item is allowed, ownership of that property passes to the Government. Accordingly, you may be required by the Claims Office to turn-in the damaged property to the Defense Reutilization & Marketing Office (DRMO). The necessary documents for turn-in will be furnished to you by the Claims Office before payment of your claim. If you choose to retain the items, the salvage value will be deducted from your claim. It is therefore required that you keep all the damaged items in the same condition as you received them until the carrier's right to inspect them has expired and your claim has been settled (whichever comes last). **Failure to comply may result in a reduction of your claim** (or recoupment) if your claim was settled and carrier recovery is lost because of disposal before the carrier had the opportunity to inspect).

CHECKLIST AND EXPLANATION OF DOCUMENTATION REQUIRED BEFORE YOUR CLAIM MAY BE PAID (if you are getting close to your 2 year statute of limitations to file your claim or you are deploying soon, submit DD Form 1842 or any other written demand for compensation to the claims office. All other documentation may be submitted later).

___ **DD Form 1840/1840R:** Your copy signed and dated by the carrier at time of delivery and/or by the claims office for items reported to claims after the date of delivery.

___ **DD Form 1842 - Claim for Personal Property against the United States** (see attached

sample, which indicates the minimum information you must provide in the “Date”, “Place”, “Facts”, and “Circumstances” blocks).

Under Penalty of Law: Please ensure that you read and complete No. 11 through 16, DD Form 1842 before you, or your agent-in-fact, sign and date the form. If any information that you provide as part of your claim is false, you can be prosecuted.

___ **DD Form 1844 - Schedule of Property and Claim Analysis Chart** (see attached sample and instructions below):

Line Number: number each item claimed in sequence (1,2,3, etc.).

Quantity: For example, if you claim that 6 dinner plates are missing or damaged enter 6. If the 6 dinner plates are part of a set, indicate this also, e.g. a set of 40.

Damaged Or Lost Item: Provide a **detailed description** of the item owned by you (for appliances, indicate name brand and model number). Indicate size of TV (20”), freezer (capacity), shrunk, sofa (linear footage), bed (queen), rug (9’x12’), picture frame (13”x 20”), type of wood for furniture (solid oak, particle board, etc). Provide a detailed description of the type, location, and size of the damages (3” tear on left arm of sofa). Be specific - **do not merely list “damaged or broken”**. If the item is missing in shipment, so indicate.

Original Cost/MM/YY Purchased: Enter the amount you paid for the item and the month and the year you purchased the item. If you purchased an item used or received it used as a gift, indicate this (i.e., purchased used/family heirloom and add the date you purchased or received the item used).

Inventory Number: Enter the corresponding inventory number from your pick-up inventory sheet. It should be the same number you reported on DD Form 1840/1840R (pink form).

Amount Claimed/Repair Cost/Replacement Cost: Enter the amount from the estimate of repair or the amount agreed upon with the Claims Office in the “Repair Cost” column (upper part of the column). If you have a German estimate and the amounts are in EUR, leave this column blank. We will help you convert the EUR amounts into dollars when you file your claim. If the item is missing or has a value of more than \$100, also enter the replacement cost (lower part of the column).

___ **Estimate of Repair** is normally **required if more than \$100 is claimed for an item. You may agree on a cost of repair/loss of value with the Claims Examiner within \$100.00 for visible damage.** If you intend to claim an amount within **\$50.00** for visible external damage to an item, an **inspection** by the Claims Office is **not necessary**. However, an **inspection** by the Claims Office must be performed if you intend to claim between **\$51.00-\$100.00** without obtaining an estimate of repair. An estimate of repair may be obtained from AAFES repair outlets, or from local firms (see attached list of local repair firms). If the item is an electrical

appliance and has internal damage, the estimator must state the type of damage and the cause of the damage. To avoid problems, please take the electrical appliances to the AAES Service Mart/Contractor, their electricians know how the estimate must be prepared for claims, and they should also be able to get the parts for repair. If the estimator did not find any damage that can be attributed to rough handling in shipment, no payment may be made for the damage. However, any estimate fee incurred is payable under most circumstances. Furniture estimates must: (1) be itemized; (2) must describe the damage in detail; and (3) should only reflect damages caused during shipment. Estimates from local firms may include the 16% value added tax (VAT). This tax will not be paid since you can avoid paying the 16% VAT by processing the tax relief documentation through your Tax Relief Office. The tax relief fee in the amount of \$4.00, however, may be claimed. You may be required to pay an estimate fee. This fee is reimbursable under most circumstances and should be included in your claim, generally the last item on DD Form 1844. Estimates from local repair firms are generally in EUROS but your claim has to be in dollars. The claims office can help you converting the EUROS into dollars. **If you have to pay an estimate fee you must submit a bill or receipt for the fee. Appraisal fees from professional appraisers are not payable.**

___ **Replacement Costs: Required if more than \$100.00 is claimed for an item.** Obtain replacement cost for the item that is **identical or substantially similar** to the item that was lost or is damaged. The replacement cost can be obtained from your local AAFES if they carry similar items. If there is a market for used items (e.g., computers are obsolete as soon as a new model comes), the value of your computer can be determined through the internet for used or refurbished computers). If AAFES store does not carry items similar or comparable to your missing or destroyed item(s), replacement cost may be obtained from a local merchant, a mail order catalog, or the internet (a variety of catalogs is available at the Claims Office and the internet may also be used at the Claims Office if you do not have access). The replacement cost verification must give a detailed description of your missing or destroyed item (brand, model, size, features, quality, such as solid oak, crystal, etc.) and a statement by the sales person indicating that the replacement item is identical or substantially similar to the item you own (a pre-printed form for use at AAFES is attached). If a bill of sale, invoice, or appraisal (i.e. antiques) is used, the item and the value should be clearly identifiable on the document.

___ **Purchase Receipt or Similar Evidence** (invoice, bill of sale, cancelled check, or prior appraisal) : **Normally required if more than \$100.00 is claimed for an item.** This is vital if a valuable item is missing in shipment and was not identified by brand name, model number, date of manufacture, (and if applicable, size and material) on the pick-up inventory sheet. If none of these are available, owner's manual, photographs, or video tapes may help to substantiate that you owned the item. If the item was not lost, but damaged, bring the damaged item (if possible) with you when filing your claim.

___ **Please bring the following items to the Claims Office for visual inspection:**

___ **Appointment for the visual inspection at your residence is scheduled for:** _____

___ **PCS Orders:** Include any amendments and dependent travel orders or quarters

assignment (in case of a Local Move without PCS).

___ **Pick-up Inventory Sheet:** The carbon copy furnished to you by the carrier when your goods were picked up. If the copy is illegible, you may obtain a legible copy from the origin Transportation Office.

___ **DD Form 1299 - Application for Shipment:** If you have not been furnished a copy, please let the Claims Office know, we will request a copy from the Transportation Office.

___ **Government Bill of Lading:** You should have been furnished a copy. If your shipment came out of Non-Temporary Storage, or a copy was not furnished to you, please let the Claims Office know, we will request a copy from the Transportation Office.

___ **DD Form 619-1 - Statement of Accessorial Services** (if available): One copy is normally given to you at the time of delivery from the local carrier who delivered your goods.

___ **Insurance:** If you filed a claim against your private insurance company furnish a copy of your claim against the insurer and the insurance settlement. If you **elect not to file** with your private insurance write **“I elect not to file with private insurance in block 10, DD Form 1842**

___ **Electronic Transfer Account Information** (form attached). The local Finance Office will only make Electronic Fund Transfer (EFT) Payments directly to your account.

Reconsideration:

If you provide us with the necessary documentation as described above, we will fairly and promptly adjudicate your claim. However, if you disagree with the adjudication of your claim, or if you wish to make a **supplemental claim** for any loss, damage, or incidental expenses (for example, estimate fees, cost to transport items for repair, or sales tax, etc.) that were not previously claimed, you may request reconsideration. Under the provisions of Army Regulation 27-20, paragraph 11-20, you have **60 days from the date of settlement or disapproval of your claim to request reconsideration**. Your request for reconsideration must be in **writing and addressed to the Claims Office**. Make sure you clearly state your factual or legal basis for relief, and attach any additional evidence you want considered. To avoid delays in processing, please notify the Claims Office within **ten (10) days** if you intend to request reconsideration. If you do not inform us of your intent to request reconsideration within **10 days**, your claim will be forwarded for record retirement and it will take us some time to retrieve the file.

NEW ARMY CLAIMS POLICY ON PRIVATE INSURANCE

1. Do I have to file with my private insurance?

a. You do not have to file with your private insurance **IF** your claim is for loss or damage to your personal property while it was being transported or stored at government expense. This is a change to our past policy. The change is limited to this type of claim, because we usually recover the amount paid to the claimant from the carrier or warehouse that is responsible.

b. You **MUST FILE** with your private insurance on all claims for loss or damage incident to service. On all other types of claims for loss or damage incident to service (e.g. theft, vandalism, loss in quarters), you **MUST FILE** with your private insurance before you can be paid by the Army. If you do not file with your private insurance for these types of losses, you will not be paid by the Army for any item for which your private insurance might have paid.

3. Can I be paid for my claim for loss or damage to my personal property by both the Army and my private insurance company?

a. **NO!** This would be unjust enrichment and possibly fraud.

b. When you file a claim with the Army, you assign (i.e. transfer) your right to seek payment from anyone for any items that are on your Army claim. You also must tell the Army, under penalty of perjury, whether you have filed a claim with a private insurance company. If you have filed a claim with your private insurance company, you will have to tell us how much the insurance company paid and for which items they paid.

c. If you are paid for an item by the Army and then file with the insurance company, the insurance company may pay you, but the Army will learn about the second payment. Insurance companies, after paying claims for goods lost during government shipments or storage, report to the Army what they have paid so that the Army can recover that amount from the responsible carrier or warehouse on their behalf.

d. If you elect not to file against your private insurance, then you generally will have to accept the settlement of your claim with the Army as your full compensation. Therefore, if you are in any doubt as to the best way to proceed, you should file and settle a claim with your insurance company first, for the items that are covered by your policy, and then file your claim with the Army for the remaining items.

4. Why would you file with your private insurance, if you do not have to?

a. If you have a catastrophic loss, it is possible that you will not be fully compensated by the Army. There are limits on both the total amount that the Army can pay (\$40,000.00 in most cases) and limits on how much we will pay for most types of property. For example, the Army will usually not pay more than \$3,000.00 for any item of furniture or more than \$4,000.00 for any computer, its software, and accessory equipment. However, you should check your

insurance policy for similar limits imposed by your insurance company.

b. Your private insurance may pay you more than the Army will pay, especially if your policy includes a provision or endorsement that requires the insurance company to pay full replacement value (i.e. new-for-old) rather than the fair market (i.e. depreciated) replacement value.

c. In addition, your private insurance company may pay for items for which the Army will not pay you. For example, we will not pay for items that are purchased or used for a private business. We will try and recover for those items from the carrier, and if successful, we will send that amount to you. But this may take several months. If these items are covered by your insurance policy, you will probably receive payment faster from your insurance company.

d. Your insurance company may not require the same number of estimates or the same amount of substantiation that the Army requires you to submit with your claim.

5. Why not file with private insurance first?

a. Most insurance policies that cover goods in transportation or storage, pay only for lost or destroyed items. They usually do not pay for repair of damaged items. Therefore, if you have both lost and damaged items, you would have to file two claims, one with your insurance company and one with the Army, to be fully compensated. It may be easier and faster just to file with the Army, if you are willing to accept depreciated replacement cost for lost or destroyed items.

b. While insurance companies may not raise your rates merely because you file a single claim, they do consider how often you have filed claims in the past few years when deciding whether to renew a policy or to issue you a new policy. Each insurance company may use different criteria, but it has been reported to the Army that some will refuse to insure someone who has filed three claims in the past two years. Most property insurers submit their claims information to a central data base, which is shared with other companies. So each insurance company will know about claims submitted to other companies. Army claims information is not submitted to this central data base and a claim submitted to the Army should not be considered by private insurance companies.

c. If your loss is relatively small or is only for a few damaged items, you usually will be adequately paid by the Army. Insurance coverage should be used to pay for relatively large losses that are not likely to be paid in full by the Army.

GUIDE FOR REPAIR/REPLACEMENT

A vendor's inclusion in the list constitutes neither an endorsement of the firm nor a guarantee as to the quality of the repairs performed.

These names are provided to assist you, the claimant, in obtaining estimates of repair. Most of the firms listed below do not speak fluent English; however, they do speak adequate English. Please be patient with them. **Euros may be necessary to pay for the estimates. The estimate fee is normally reimbursable if the vendor does not apply it to the actual repair bill. Please submit your receipts to the Claims Office.**

REPAIRS

ELECTRICAL/ELECTRONIC ITEMS:

Electrotech: Mainz-Kastel, In der Witz 14-18, Bldg 4001, Tel.: (06134) 560956. Hours: Mon: CLOSED, Tue-Fri: 10:00 – 19:00, Sat-Sun: 10:00-18:00. Please mention that you need the estimate for claims purposes. AAFES Form 6650-794 should read “for claim estimate only.”

PICTURE FRAMES AND GLASS (REPAIR OF PAINTINGS):

Fortress Art Works: John A. Workman, 18 Wiesbadener Landstrasse, Wiesbaden.
Tel. 0611-7102747, Cell: 01701712423

UPHOLSTERY/FURNITURE/CLOCKS/RUG/GLASS/METAL REPAIR/CLEANING

Servomatic: Frankfurt, Tel: (069) 88 87 77. EUR 70.00 estimate fee – extra charge if more than 5 items)

FIGURINES/PORCELAIN/CAPODIMONTE

Atelier Stueber: Send your piece(s) in for an estimate to: Bremer Str. 29, 48155 Muenster, or email milanbst@gmx.net for more information.

RESTORATION OF ANTIQUE FURNITURE (at least 100 years old):

Karl Tremus: Nerostr. 22, 65183 Wiesbaden, Tel: (0611) 51 76 9). EUR 95.00 estimate fee / EUR 130 if more than 10 items)

CLOCKS:

R. Bottke: Webergasse 5, 65183 Wiesbaden, Tel: (0611) 52 11 37

K.D. Gasil: Morilzstr.1, 65185 Wiesbaden, Tel: (0611) 37 02 85

CLEANING OF RUGS AND UPHOLSTERY:

Roeber: Marklstr. 25, 65183 Wiesbaden, Tel: (0611) 30 18 12

M. Schneider: Dreiserstr. 85, 55559 MZ-Bretzenheim, Tel: (06131) 36 44 01

GLASS REPAIR:

Glass Jungles: Walramstr. 25, 65183 Wiesbaden, Tel: (0611) 40 77 78

Creative Glass: Bismarkring 14, 65183 Wiesbaden, Tel: (0611) 44 60 61

WATERBEDS:

Florida Nights GmbH: Siemenstr. 2, 65205 Wiesbaden-Nordenstad, Tel: 06122-18 52 1

MUSICAL INSTRUMENTS:

Piano Schultz: Muehlgasse 11-13, 65183 Wiesbaden, Tel: (0611) 30 20 21

Musik Spezial Shop: Moritzstrasse 72, 65185 Wiesbaden, Tel: (0611) 30 00 02 (guitars, keyboards, etc.)

BICYCLES:

AAFES, Real Sports: Mainz-Kastel, Tel.: (06134) 69 25 0, Hours, Mon-Sat: 1000 hrs – 20:00 hrs, Sun: 1000 hrs – 1900 hrs

Outdoor Recreation Center: (Free Estimate), WAB, Bldg 1446, Tel: 70 55 76 0

MOTORCYCLES:

Harley Davidson GmbH: Kasteler Str. 42, 65185 Wiesbaden, Tel.: (0611) 69 40 31

Yamaha: Suzuki Klose GmbH, Karlstr. 42, 65185 Wiesbaden, Tel.: (0611) 30 39 58

Honda Klossner & Krebs OHG: Fischbachstr. 3, 65197 Wiesbaden, Tel.: (0611) 41 05 06

SAMPLE

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT <i>(See reverse side for Privacy Act Statement and Instructions)</i>			
1. NAME OF CLAIMANT (Last, First, Middle Initial) CLAIMANT, LARRY D.	2. BRANCH OF SERVICE ARMY	3. RANK OR GRADE E-7 (SFC)	4. SOCIAL SECURITY NUMBER 555-55-5555
5. HOME ADDRESS (Street, City, State and Zip Code) 1313 MOCKINGBIRD LANE, ANYTOWN, TX 00000		6. CURRENT MILITARY DUTY ADDRESS (if applicable)(Street, City, State and Zip Code) HHC, 1AD, CMR 467, Box 5555 APO, AE 09096	
7. HOME TELEPHONE NO. (Include area code) SELF EXPLANATORY	8. DUTY TELEPHONE NO. (Include area code) SELF EXPLANATORY	9. AMOUNT CLAIMED \$FILL IN TOTAL	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use Additional sheets if necessary.) My household goods were picked up from _xxxxxxxxxxxxx on xx xxx 01 and delivered to xxxxxxxxxxxxxx on Xx xxx 01. I (did) (did not) annotate loss/damage on DD Form 1840/1840R. PUT ANY INFORMATION YOU WANT CONSIDERED.			
BLOCKS 11 THROUGH 15 MUST BE CHECKED AS APPROPRIATE. IF THEY ARE NOT, YOUR CLAIM WILL NOT BE CONSIDERED. READ NO. 16 BEFORE SIGNING!			
			YES
			NO
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g. say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes", attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes", attach a copy of your correspondence with the carrier or warehouse firm.)			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)			
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the Incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT (or designated agent) <div style="text-align: center;"> <u>MUST BE SIGNED!</u> LEAVE PART II BELOW BLANK </div>			18. DATE SIGNED (YYYYMMDD) Date when submitting form to claims office

PART II - CLAIMS APPROVAL (To be completed by Claims Office)				
19. PROCEDURE (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	AMOUNT AWARDED \$	
	a. SMALL CLAIMS			
	b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.)				
a. CLAIMS EXAMINER		b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY			f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions)			
1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (if applicable)(Street, City, State and Zip Code) CMR BOX APO AE	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED \$	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use Additional sheets if necessary.) Pursuant to orders transferring me from _____ to _____, my household goods/unaccompanied baggage was picked up by _____ on _____. My household goods were delivered on _____ by _____. Goods were shipped under Government Bill of Lading # _____. I DO/DO NOT ELECT TO FILE WITH MY PRIVATE INSURANCE			
			YES
			NO
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g. say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes", attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes", attach a copy of your correspondence with the carrier or warehouse firm.)			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes", indicate this on your "List of Property and Claims Analysis Chart", DD Form 1844.)			
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the Incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (YYYYMMDD)
PART II - CLAIMS APPROVAL (To be completed by Claims Office)			
19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated		AMOUNT AWARDED
a. SMALL CLAIMS			\$
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

1st ARMORED DIVISION CLAIMS OFFICE

ELECTRONIC FUNDS TRANSFER ACCOUNT INFORMATION

PERSONAL INFORMATION

Name: _____

SSN: _____

Unit: _____

Phone: _____(duty) _____(other)

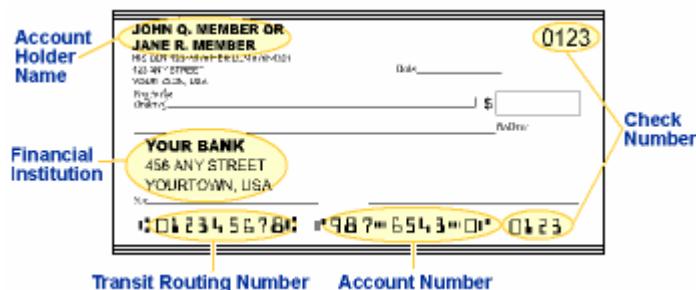
BANK ACCOUNT INFORMATION

Bank or Financial Institution: _____

Type of Account: Checking ☐ Savings ☐

Routing Number: _____
(This is the 9-digit number between the |: symbols at the bottom of your check.)

Account Number: _____



I understand that I am responsible for the accuracy of the information that I have provided to the Wiesbaden Claims Office in order to allow payments to the account that I have specified.

(Signature)



1st Armored Division Office of the Staff Judge Advocate Claims Survey



Wiesbaden Legal Center

Welcome to the Claims Office.

The Office of the Staff Judge Advocate is committed to providing you quality legal services. Our goals are to quickly process your claim and establish a friendly and helpful atmosphere throughout the entire claims process. Please take a moment to fill out this survey to let us know how we are doing. Your comments are important. You may contact the Chief of Claims if you have any questions.

BRETT WARCHOLAK
CPT, JA
Chief of Claims

DSN 337-4713
CIV: 0611-705-4713

Providing the following information is optional.

Name: _____
Date: _____
Unit: _____
Phone: _____

1. Please rate the overall service you received regarding your claim:
___ Excellent ___ Good ___ Fair ___ Poor

2. Do you believe your claim was settled in a fair manner?
___ Yes ___ No

If not, with whom did you deal and what was the problem?

3. Were the written instructions and the oral directions from the claims personnel adequately explained to you?
___ Yes ___ No

If no, what instructions were unclear and need improvement?

4. If your claim could not be paid in full, were you given a satisfactory explanation concerning the method of computing the amount that the claims office offered to pay?
___ Yes ___ No

If not, what did we fail to explain?

5. If you had repair work accomplished on your damaged items, please rate the repair facility you used below:

<u>Firm</u>	<u>Item repaired</u>	<u>Rating</u>	<u>Comments</u>
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6. Other comments/suggestions: _____

